



Questions for this month's clinical challenge are based on articles in this issue. The clinical challenge is endorsed by the RACGP Quality Improvement and Continuing Professional Development (QI&CPD) program and has been allocated four Category 2 points (Activity ID: 117628). Answers to this clinical challenge are available immediately following successful completion online at <http://gplearning.racgp.org.au>. Clinical challenge quizzes may be completed at any time throughout the 2017–19 triennium; therefore, the previous months' answers are not published.

Each of the questions or incomplete statements below is followed by four or five suggested answers or completions. Select the most appropriate statement as your answer.



Clinical challenge

Case 1

Michelle presents to your practice with Giselle, aged nine years. Michelle is a single mother who has been struggling with Giselle's poor behaviour over the past 12 months. The school nurse rang Michelle today to express her concerns about Giselle, and suggested she visit her general practitioner to have a mental health evaluation. Michelle has had a long history of depression and wonders whether Giselle has the same problem.

Question 1

The prevalence of major depressive disorder (MDD) in children has a point prevalence of approximately:

- A. 0.001 %
- B. 0.01 %
- C. 0.1 %
- D. 1 %

Case continued

Michelle is aware that children with depression may present somewhat differently to adults.

Question 2

Earlier onset of depression in children is associated with all of the following except:

- A. increased severity of depressive episodes
- B. unchanged medical comorbidity
- C. increased suicidality
- D. increased emergency department visits
- E. poorer educational achievement.

Question 3

Which one of the following features is uncommon in a child who presents with MDD?

- A. Hard to say positive things about themselves
- B. Blame themselves for difficulties in their lives
- C. Talk about their subjective feelings
- D. Present with somatic symptoms
- E. Present with temper tantrums

Case 2

Arthur presents with his son Toby, aged six years, who has been having problems passing his stools for several months. After examining Toby, you believe the problem to be functional constipation.

Question 4

Which one of the following is not a common feature of functional constipation?

- A. Three stools per week
- B. Excessive stool retention
- C. Painful bowel movements
- D. Presence of large faecal mass in rectum
- E. Large diameter bulky stools

Case continued

Arthur asks about features that would suggest a more sinister cause of Toby's problems passing his stools.

Question 5

Which one of the following features is not a red flag that is suggestive of underlying pathology?

- A. Developmental delay
- B. Urinary incontinence
- C. Watery diarrhoea
- D. Lethargy
- E. Fever

Case continued

Arthur asks whether there are any investigations for functional constipation.

Question 6

Investigations for a child whom you suspect has functional constipation include:

- A. full blood count
- B. plain erect abdominal X-ray
- C. mid-stream urine for microbiological assessment
- D. none of the above.

Case 3

Jeannine, 16 years of age, presents with moderately severe acne, which has been present for several months. She wonders why she has this problem, when all her Facebook friends have apparently been spared.

Question 7

The prevalence of acne in patients in this age group is:

- A. 15%
- B. 30%
- C. 60%
- D. >90%

Case continued

Jeannine is a budding science student and is interested in learning more about the pathophysiology of acne.

Question 8

Which one of the following is part of the pathophysiology of acne development?

- A. Follicular keratinocyte hypoproliferation
- B. Formation of follicular plugs
- C. Decreased sebum production in sebaceous follicles
- D. Proliferation of microorganisms in the follicle

Case continued

Jeannine is keen to use hormonal therapy to control her acne.

Question 9

Which one of the following is the least effective hormonal therapy for treating acne?

- A. Cyproterone acetate
- B. Desogestrel
- C. Dienogest
- D. Drospirenone
- E. Methoxyprogesterone

Case 4

Aadhya presents with her son, Reyansh, aged 16 years, who is noticeably shorter than both his parents. Aadhya is very

concerned about her son's growth and seeks your advice.

Question 10

Which one of the following is a commonly used method to provide an indicative height for males at adulthood?

- A. $[(\text{father's height in cm} + \text{mother's height in cm})/2] - 6.5$
- B. $[(\text{father's height in cm} + \text{mother's height in cm})/2] + 6.5$
- C. father's height in cm - 13
- D. mother's height in cm - 13

Question 11

Which one of the following is the usual definition of short stature in a child or adolescent?

- A. Height for age <2 standard deviations below the 50th centile for gender
- B. Weight for age <2 standard deviations below the 50th centile for gender
- C. Height for age <1 standard deviation below the 75th centile for gender
- D. Weight for age <1 standard deviation below the 75th centile for gender

Case continued

Reyansh is somewhat shorter than expected on the basis of his age and his parents' height.

Question 12

Which one of the following is the most common reason for short stature?

- A. Constitutional delay of growth
- B. Chromosomal abnormality

- C. Acquired growth hormone deficiency
- D. Chronic disease

Case continued

Aadhya has heard about growth hormone supplementation and that it is very expensive. You explain that the most common indication for subsidised growth hormone supplementation is 'short-slow growing'.

Question 13

Which one of the following correctly defines 'short-slow growing'?

- A. Height <10th centile + growth velocity >25th centile for bone age
- B. Height <1st centile + growth velocity <10th centile for bone age
- C. Height <10th centile + growth velocity <10th centile for bone age
- D. Height <1st centile + growth velocity >25th centile for bone age

Case continued

Aadhya asks about investigations that may be helpful.

Question 14

Which one of the following investigations is least helpful in elucidating the cause of apparent short stature?

- A. Full blood count
- B. Renal function tests
- C. Calcium/magnesium/phosphate
- D. Serum growth hormone

Erratum

de Graaf B, Nelson M, Neil A. Up, up and away: The growth of after-hours MBS claims. Aust Fam Physician 2017;46(6):407-11.

The legends for Figure 3 were incorrectly labelled as dark blue for 'Low acuity ED presentations' and orange for 'All ED presentations'. The correct labelling is dark blue for 'All ED presentations' and orange for 'Low acuity ED presentations'.

Corrigendum

Black KI, Hussainy S. Emergency contraception: Oral and intrauterine options. Aust Fam Physician 2016;46(10):722-26.

In the section 'Levonorgestrel emergency contraception', the correct dose of LNG progestogen-only tablets is 30 µg and not 750 µg.

The corrections have been made to the HTML and PDF versions of these articles.

We apologise for these errors and any confusion they may have caused our readers.